

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90020 007 \*\*\*150.00

**DOCUMENT # L00602**

1. Corporation Name  
**ALPHA OMEGA GLASS & MIRROR, INC.**

Principal Place of Business

Mailing Address

151 CARSWELL AVE  
HOLLY HILL FL 32117  
US

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HOLLY HILL FL 32117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/07/1989**

4. FEI Number

**59-2958060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONLAN, RALPH E.  
275 COUNTRY CIRCLE DRIVE EAST  
DAYTONA BEACH FL 32124

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CONLAN, RALPH E.  
STREET ADDRESS 275 COUNTRY CIRCLE DR.  
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME CONLAN, STEPHEN E  
STREET ADDRESS 745 CANDLEWOOD CIR.  
CITY-ST-ZIP ORMOND BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME CONLAN, TIMOTHY S  
STREET ADDRESS 275 COUNTRY CIRCLE DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME CONLAN, PATRICIA J  
STREET ADDRESS 275 COUNTRY CIRCLE DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE V. ☐ Change ☒ Addition  
5.2 NAME CONLAN, MATTHEW D.  
5.3 STREET ADDRESS 275 COUNTRY CIRCLE DRIVE EAST  
5.4 CITY-ST-ZIP Daytona Beach FL 32124

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME V.  
6.3 STREET ADDRESS Guetling, Sheldon D.  
6.4 CITY-ST-ZIP 2199 Avocado Drive  
Daytona Beach FL 32124

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ralph E. Conlan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

(904) 239-9521

Daytime Phone #

CR2E034 (11/98)